

Massachusetts State Police

Communications Section

Cellular 911 & Radio Transmission Recording Request Form

REQUESTER'S INFORMATION

Your Name:	Signature:
Business Name:	City/State/Zip:
Address:	Today's Date:
Phone:	Your Relationship to caller: I am the caller <input type="checkbox"/> Legal Representative <input type="checkbox"/> Police Invest. <input type="checkbox"/> Private Invest. <input type="checkbox"/> DA <input type="checkbox"/> Other <input type="checkbox"/> (describe):
If requested by a DA's Office, Case Number or Defendant Name:	

INCIDENT INFORMATION

Date of Incident:	Time of Incident: AM or PM
Location of Incident:	
Give incident description <u>with as much detail as possible</u> or attach police report if applicable:	
<div>All calls must be listened to in order to ascertain if the incident heard is the one being requested. Details provided of the incident must be specific to make a correct match.</div>	

CHECK CELLUAR AND/OR RADIO TRAFFIC BEING REQUESTED

Cellular call to 911 <input type="checkbox"/> Cell Carrier:	Radio Traffic <input type="checkbox"/> Channel:
Cell Number	Cruiser # (if known):
Other call information if known: Call Transferred to:	Officer's Name(s) (if known)
Dispatcher was Male <input type="checkbox"/> Female <input type="checkbox"/>	

- Only cellular calls made to 911 and *SP (*77) are recorded, direct dialed calls are NOT recorded.
- Recordings are preserved for **ONE YEAR** by statute.
- Recordings will be sent vial US Mail within 2 weeks (if possible) unless other arrangements are made.
- 911 data is confidential. 3rd party requests must be accompanied by a subpoena or written authorization by the caller.

Any questions about the completion of this form should be directed to call Debbie Miller at the Massachusetts State Police at 508-820-2357 or Joanne at 2342. Fax completed form to 508-820-2359.